

Yourlife Management Services Limited

Your Life (Ely)

Inspection report

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15 May 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Your Life (Ely) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people, people living with dementia, people with physical disabilities and people with sensory impairments.

At the time of our inspection staff were providing personal care to two people.

People's experience of using this service:

Risks to people were identified and managed well. Staff understood what safeguarding people meant and knew the reporting mechanisms if they should be needed. One person told us, "[Staff] always arrive when I want them to and never leave early." The provider had robust recruitment procedures to ensure there were enough staff with the right skills to keep people safe.

People were supported to take their medicines as prescribed by trained and competent staff. One person said, "[Staff] prompt me to make sure I have taken my medicines." Lessons were learned when things did not go quite so well. Infection control systems promoted good hygiene standards.

Staff received the support they needed including shadowing experienced staff, training updates and regular supervision. People's needs were met by staff who had relevant skills. One person told us that staff knew them ever so well. People's independence was upheld. People were supported to eat a healthy balanced diet. Staff enabled people to access healthcare support by working well with others involved in people's care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were cared for by staff with sincerity, kindness and compassion. Staff knew people well and they promoted people's privacy, dignity, culture needs and independence. People had a say and choice in who and how their care was provided. One person told us, "I decided what care I needed and that is exactly what I get, perfect care."

People's care was person centred and based on what was important to them. People's concerns were satisfactorily dealt with and acted on before they became a complaint. Compliments were used to identify what had gone well. Systems were in place to meet people's end of life care needs and help ensure a dignified and pain free death.

The registered manager promoted and supported an open and honest staff team culture. Staff upheld the provider's values by enabling people to live fulfilling lives. Governance and oversight of the quality of the service was effective and helped drive improvements. People had a say in how the service was run and developed. People received care that worked well and was coordinated where others were involved including community nursing teams and GPs. One person told us, "I would absolutely have no hesitation in

recommending the service to anyone. I am very happy living here."

Why we inspected: This was the first planned inspection of Your Life (Ely) since it was registered in April 2018.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Your Life (Ely)

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This unannounced inspection was undertaken by one inspector.

Service and service type:

Your Life (Ely) is a domiciliary care service and provides assisted living support to people living in their own homes. It provides a service to older people, people living with dementia, people with a physical disability and people with sensory impairments.

Not everyone using Your Life (Ely) receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We did not announce this inspection as the service is assisted living and the registered manager is usually at the service's main office address.

Inspection activity took place on between 8 and 15 May 2019. We visited the office location on 8 May 2019 to see the registered manager and office staff; and to review care records and policies and procedures. On the 15 May 2019 we spoke with a relative by telephone.

What we did:

Before this inspection we checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us. We used this information to assist with the planning of the inspection. We spoke with two people using the service, the area manager, the registered manager, a duty manager and three care staff.

We also asked for feedback from commissioners of the service and safeguarding teams. No concerns were reported. During the inspection we looked at various records, including care records for two people, as well as other records relating to the running of the service. These included files for two new staff, training records, medicine administration records, audits and various meeting minutes.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good knowledge of safeguarding practice and knew what events needed to be reported to the registered manager or local safeguarding authority. Staff understood and applied this knowledge well.
- Staff were trained to recognise and report any potential signs or symptoms of abuse. One staff member said they would know straight away if a person was unusually quiet, scared or not accepting of care. The staff told us, "It could be financial concerns or self-neglect not eating."
- People told us they felt safe and trusted the reliability of staff. One person said, "I rely on help from [staff]. I can do some of my care, but they do all the rest carefully and not rushed. A relative said, "[Staff] do make sure [family member] wears their [emergency lifeline] pendant so if needed they can use it." Records showed where these actions had helped keep people safe such as, after a fall. A staff member told us, "It doesn't matter what people's needs are, we attend to them equally well and in a safe way."
- The registered manager told us how they involved the police where people had been subject to scams. Measures had been introduced to make people more aware of this risk including how to request help.

Staffing and recruitment

- There were sufficient numbers of suitable staff to keep people safe.
- People told us that staff responded promptly when they requested or called for assistance. One person said, "I never feel rushed and staff always have enough time to have a chat, a laugh and ask how I am."
- A staff member said that if ever staff called in sick or had planned absences such as annual leave there was always enough staff to cover this. The staff rota reflected this.
- Staff never passed a person by without an exchange of words, help them with their mobility or make them a cup of coffee. People were provided with assistance when required, they were kept safe.
- Pre-employment checks were in place and these ensured that only suitable staff were employed. Staff files contained the required evidence for evidence of photographic identity, previous employment history and fitness to work at the service.

Assessing risk, safety monitoring and management

- Risks to people, such as, falls, assistance in a wet environment such as a bathroom and people's home environment were managed safely. People were supported to be safe. Staff knew in detail how to safeguard people including the prompting to use equipment such as walking aids and ensuring rooms were well lit.
- One person said, "I am independent getting to the bathroom. I never go anywhere without my walking stick. [Staff] check I am okay each time they visit me. I feel in control and never made to feel I can't be independent."
- Staff were mindful of people's strengths and where additional support was needed.

Using medicines safely

- Medicines systems were organised. People received their medicines as prescribed. The provider followed safe protocols for the administration and recording of medicines in the community. This was based on local authority best practice guidance such as, only prompting people.
- Most people administered their own medicines or had relatives help them with this. One person told us, "I only need help with my skin creams. [Staff] wear gloves doing this and dispose of them in the bin safely."
- Medicines were managed safely. A relative told us that staff made sure all their family members were taken safely by "prompting".

Preventing and controlling infection

- Staff were trained in good standards of infection control and prevention. Policies and procedures to promote good hygiene standards were adhered to. Staff said they ensured they always wore clean uniform and used protective gloves such as when applying topical skin creams.
- One person told us, "[Staff] always wash and dry their hands before putting gloves on as well as their aprons. They put any waste in the bin."

Learning lessons when things go wrong

- The registered manager identified when incidents happened and implemented changes such as the recording of when staff started and finished people's care. Staff were reminded of their responsibilities to uphold people's safety and actions were implemented to prevent recurrences such as additional training for staff. Information was cascaded across the staff team such as, at staff meetings to embed learning and improvements.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and their care delivered in line with current legislation, standards and evidence based guidance.
- The registered manager told us they kept themselves up to date including through their regular contact with the area manager, meetings with other of the provider's management team and health professionals. This was as well as face to face meetings with relatives and health care providers.
- One person told us how staff respected their health condition and took account of this when providing care and support. Another person said, "I [Staff] definitely know me well. They always ask me first before doing anything in case there is anything that might have changed, without fail."

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training in the areas the provider had identified as relevant to their roles. This included health conditions, dementia care, diabetes, sensory impairments and food hygiene.
- One relative said, "I have every confidence in the staff. I feel assured that they know exactly what they needed to do, they provide care my [family member] needs and do it well."
- Staff confirmed their induction and ongoing support was tailored to their needs and knowledge. One staff member told us how shadowing experienced staff had helped them get to know people and gain appropriate skills.
- Specific information had been developed to support staff with understanding people's needs. For instance, people living with diabetes, allergies or dementia. Staff understood people's communication skills and upheld these.
- Staff were provided with additional support to carry out their roles and responsibilities including staff meetings, observed practise sessions and ongoing supervision.

Supporting people to eat and drink enough to maintain a balanced diet

- Where the service was responsible, people told us they were supported to eat and drink enough to maintain a balanced diet. They told us that this was done well by staff, with preferred drinks and food prepared to their liking. People could choose where and when they ate including at home, from the on-site catering facilities or go into town for a meal or just to have cake and afternoon tea.
- One person told us, "I like to have some meals in the communal dining area or at home I ask staff to get my milk, but I pour it." Systems were in place to support people with eating and drinking such as, taking meals to their home which had been requested by people. For example, if people could not cook for themselves.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to provide consistent, effective, timely care; and supported people to live healthier lives, access healthcare services and support.
- One person told us, "I have [treatment] planned and I am sure the staff will adapt my care." A relative told us that they were very confident that staff would call emergency services if this was ever needed.
- Staff told us that they liaised with community nurses, occupational therapist and GPs when people needed this.
- People confirmed that staff followed advice from relevant healthcare professionals to ensure that they received appropriate care. One person said, "I have [health condition] and staff encourage me to follow the GP's advice."

Ensuring consent to care and treatment in line with law and guidance

• The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- All staff and the registered manager put the principles of the MCA code of practise into good effect and gave people choice in all areas of their care. They explained if someone using the service lacked capacity, then either a relative or advocate with power of attorney could make decisions that were in the person's best interest. For example, financial decisions.
- One person said, "[Staff] always ask what I want. I choose what I want such as clothes, when I get up and what and where I eat. Staff respect my choices. I know the risks and consequences of my decisions."
- The registered manager confirmed no one currently using the service was being deprived of their liberty, and as such it had not been necessary for any applications to be made to the Court of Protection. The Court of Protection makes decisions on financial or welfare matters for people who are not able to make certain decisions when required.
- People or their legal representative confirmed they were asked for their consent before support and care was provided. However, the registered manager did not always record this formally. They took action and would record consent from people to share their information.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's care plans were detailed and provided staff with relevant and informative guidance. All staff and the registered manager were able to tell us in detail what people's needs and support involved including promoting dignity and independence.
- The management team understood their responsibilities in terms of general data protection regulation.
- One person told us that staff respected their personal information and said, "[Staff] talk to me about my care. They don't say a word about other people unless it is general messages.
- Staff upheld the provider's policies and procedures supported for keeping records secure. This helped ensure people's records were kept confidential.
- We saw and found that people's privacy and dignity was respected and upheld.
- A relative said that every time they visited their family member, staff showed the greatest respect and promoted good standards of dignity. The relative said, "[Staff] even ensure the towel was nicely warmed on a radiator."

Ensuring people are well treated and supported; equality and diversity

- People unanimously told us that staff treated them with kindness and compassion and enjoyed the friendliness of staff's approach to care provision. They were also very positive about how kind and sincere staff were and that staff, although friendly respected professional boundaries. One person said, "We do have a laugh with [staff]. Care does not need to be serious. I like their approach."
- All the staff we spoke with, enjoyed working at the service. They were motivated and spoke with passion and warmth about the people they provided care and support to. One staff member said, "I love seeing the smile on people's faces as well as what we do each day for them. It's a pleasure."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. Decisions were recorded in the care plans such as what people liked to do during the day including, playing a game of cards, watching their favourite football team on TV or visiting a hairdresser.
- The registered manager signposted people and their relatives to sources of advice and support for advocacy. This also included access to support as part of their religious faith.
- One person said, "I know that when I want to do something, staff will help or assist me to do this. I chose to use [the service] as it suits my needs. I need help sometimes and this is what I get."
- A staff member told us, "It is important to respect people's choices and involving them as much as possible. We hold meetings for people where they can raise any matters, we then address them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People confirmed they had contributed to the planning of their care and support. This included input from the registered manager, relevant health professionals and relatives. One person said, "I felt fully involved in the process of getting some support. It means I still live in my own home."
- Another person told us, "The [registered] manager spent time giving me care options. I needed some help and the process to do this straightforward."
- Relatives told us that staff kept them informed, with people's permission, about their family members' progress and if any changes to their care arrangements were needed.
- Care plans were developed over time and individual preferences such as support to clean teeth and what people could or could not eat were recorded?. Care visit times were aligned with other activities people took part in such as, going to a local coffee morning or see a film. One person told us, "I like to catch up with what staff have been up to. They cheer me up just by listening to what I have been doing or want to do."
- Staff supported people to achieve their goals for independent living. One relative told us that whenever they visited the service how, "lovely it is to see how much pleasure my [family member] gets each time staff provide care and support".
- Staff not only knew, but understood, the benefit of providing lots of opportunities for social stimulation. Staff upheld each person's preferences for their likes and dislikes. They used this detail to care for people in the way they wanted. For instance, one person liked to teach staff their preferred language and another preferred care when they were not so tired. Other monitoring records were kept, demonstrating the care provided to people daily.

Improving care quality in response to complaints or concerns

- Information was provided to people how to raise concerns or make a complaint, if needed. This was also available in alternative formats including large print.
- Everyone we spoke with confirmed they knew how to raise concerns or make a complaint. One person said, "I just need to ring the [registered] manager and get things sorted. I have never had to raise a complaint."
- A relative told us, "I have never had any concerns about [family member's] care. I get on well with the staff and I know [family member] would tell me about anything. They are not shy in coming forward."
- We saw people had taken the time to compliment staff for the service provided to them or their relative. One comment praised all staff "for making [family member's] home a happy one." Another highlighted the skill of the registered manager who they described as "a human dynamo". This was for support to access services in respect of their faith.

End of life care and support

- The registered manager told us that the service was not currently supporting anyone receiving end of life

care. When it had, people were supported by staff who knew what people's advanced decisions were, such as for resuscitation and the type of funeral.

- The registered manager had a detailed understanding of advanced care planning training and had the skills to respond appropriately at a sensitive time for people, their families and care staff. Support arrangements were in place for relatives and staff for bereavement counselling.
- Records showed that when required people were supported with access to services including palliative care nursing teams and GPs. This included prepositioned medicines and any equipment to help people have a comfortable, dignified and pain free death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager fully understood their responsibilities. They and the provider had notified us about events as needed such as when people had passed away.
- One person told us, "I would definitely recommend the service I get. It is second to none." A relative told us the service was everything and more they expected. They said, "It has been a big change for my [family member] but they have settled in and this has been down to the staff team."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team supported the service to be as good as possible. The registered manager was supported by an area manager, duty managers and various staff members as well as the on-site external catering provider. The provider's quality team also provided external oversight for improvement purposes.
- A relative told us the registered manager showed attention to detail and always listened to suggestions.
- All staff we spoke with had a shared passion for working at the service and changing people's lives for the better. Staff confirmed they felt well supported and they always felt listened to. One staff member praised the registered manager by saying, "They are literally there whenever you need them, I certainly always get positive support. I can even call them on their [work] mobile out of normal hours if I need help."
- People confirmed the service was well organised and responded to their needs as required. One person said, "I have never needed to contact the office [staff] I can see or call the [registered] manager at any time."
- Everyone we spoke with had nothing but praise for the quality of care provision. One person said they had no reason to complain, and the management team acted quickly on minor grumbles. Another person told us that the service and its staff team never discriminated anything about them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives or representatives had a say in how the service was run. Where actions from residents' meetings or face to face meetings with staff they had been acted on. For example, requests for the return of various singer entertainers had been fully supported as well as afternoon teas with specially made cakes and further family barbecues were planned.
- The registered manager completed observations of staff's care practice to help ensure that all staff upheld the provider's values for good quality care.

Continuous learning and improving care

- The area manager told us that the way the service was managed was forward thinking and they had plans to acquire an electric vehicle which people could use as a shared facility.
- The registered manager shared good practice with the staff team including accessing charities associated with preventing social isolation. One example included the use of various assistive technologies where people could access an on-line journal to report concerns or provide compliments. This was a shared platform where a writer or even a group of writers share their views on an individual subject for making improvements.
- The registered manager fostered and promoted an open and honest staff team culture. One staff member said, "We can always speak with the [registered] manager. We definitely don't have to wait for a formal meeting. It is sometimes the smallest of changes that make such a big difference. For example, setting up on-line booking processes for people to book their own GP appointments."

Working in partnership with others

- People led fulfilling lives as the management team and staff sought early interventions and involvement from stakeholders. The registered manager worked well others including with hospital discharge teams and local authority teams. This included various providers for chair-based exercises, access to individual occupational therapy and yoga.
- Guidance and involvement from health professionals was promptly sought and systems were in place to check that these were effective in improving people's lives. The service and its staff team adapted people's care to make sure it was meeting their needs.